

Organizational Background

Mission Statement

The mission of Aging and Disability Services (ADS) is *to develop a community that promotes quality of life, independence and choice for older people and adults with disabilities in King County*. We accomplish this by:

- Working with others to create a complete and responsive system of services.
- Focusing attention on meeting the needs of older people and adults with disabilities.
- Planning, developing new programs, public education, legislative advocacy, and direct services that include the involvement of older adults and others representing the diversity of our community.
- Promoting a complete long-term care system.
- Supporting intergenerational partnering, planning and policy development.

2000 Accomplishments

- In June 2000, **Healthy Aging Partnerships**, a coalition of 25 agencies launched a new senior information number: 1-888-4-ELDERS.
- The **Senior Gold Card Project** was implemented in March 2000 to improve data collection and tracking of meals, health promotion, and educational activities for countywide congregate meal sites. Nearly 10,000 cards have been distributed county-wide.
- Implemented a new program with King County Housing Authority to secure housing with **Section 8 vouchers** for up to 30 case management clients with disabilities age 18 years and older living in King County. To date, 19 actual residences have been leased, and 32 vouchers have been issued.
- In July 2000, received \$172,000 resulting from state legislation adopted to establish a system of information and support for unpaid caregivers in King County. Currently, RFP for services to meet caregiver need is underway.

Governance

Aging and Disability Services is the assigned Area Agency on Aging (AAA) for the Seattle-King County region. The City of Seattle Human Services Department acts as the legal contracting authority. Under an interlocal agreement, the City of Seattle, King County and United Way serve as the sponsors and policy setting board of the agency.

Geographic Area, Population Served, and Services Provided

Services funded through Aging and Disability Services target older persons and adults with disabilities in King County. Services include Adult Day Services, Case Management, Chore/Personal Care, Elder Abuse Prevention, Employment, Homesharing, Information and Assistance, In-Home Health, Legal Services, Mental Health, Nurse Consultation, Nutrition, Outreach Advocacy, Respite Care, Seniors Centers, Transportation, and Wellness. A network of community-based organizations located throughout King County provides most of the services through subcontracts with ADS.

ADS Qualifications

Aging and Disability Services also directly provides case management services to approximately 5,000 clients a year, most whom are very low income. Case Management provides in-depth assistance to frail, multiple needs persons who have significant health and social needs, are disabled adults, or 60 years of age and older. The case managers conduct in-home assessments and consult with the client in order to develop and implement a service plan that addresses the individual's needs.

Collaborating Organizations

Diabetes Registry Project is managed by ADS. A workgroup has been established to assist with development of the project. Key individuals and partners on the workgroup are as follows:

- Karen Winston, Planning & Development Specialist (Project Lead)– Aging and Disability Services
- Carla Shaw-Beyer, Epidemiologist, Diabetes Control Program – Washington State Department of Health.
- Ellen Bezona, Supervisor - Seattle Case Management Program
- Mildred Dade, Case Manager - Seattle Case Management Program
- Stephen Lam, Program Director – Chinese Information & Service Center
- Pat Manuel, Registered Dietitian and Nutrition Consultant - Public Health: Seattle & King County
- Bobby Pearson, Registered Nurse - Seattle Case Management Program
- Pat Rossi, Community Outreach Coordinator American Diabetes Association, Pacific Northwest Region
- Racheal Taculad, Registered Nurse - Seattle Case Management Program
- Gary Tang, Program Director – Asian Counseling & Referral Service

Proposal Summary Statement

Diabetes is the seventh leading cause of death in King County. The risk of diabetes increases with age, as well as the rates of hospitalization and death. Good nutrition and physical activity are a big part of every treatment plan for people with diabetes. Although there is a great deal of educational information about diabetes management, nutrition and exercise, there is very little however, specifically for homebound elderly and adults with disabilities. The Diabetes Registry Project requests funding from CHEF to 1) purchase consultation services for clients and staff from an exercise physiologist; 2) to develop educational and support materials appropriate to clients who are multi-ethnic and chronically ill; and 3) to develop and provide staff training necessary for implementation of this intervention. (Please refer to the attachments for a complete description of the ADS Diabetes Registry Project)

Nutrition and physical activity education interventions will be developed to assist clients in achieving control of their diabetes. Funding for the nutrition consultation component, as well as Medical Nutrition Therapy home visits for 75 clients, is committed for 2001 funded through a grant from the Healthy Eating for Healthy Aging Project, Public Health: Seattle & King County. However, we are seeking funding for physical activity consultation so that these two interventions can complement each other simultaneously. Potential benefits of exercise for persons with diabetes include: 1) Lower blood glucose and glycosolated hemoglobin levels; 2) Increased energy expenditure; 3) Increased strength and flexibility; 4) Improved quality of life and self-esteem. (Peragalla, Lebovitz 1994) There is reasonable evidence from randomized clinical trials that nutrition intervention as part of overall diabetes education improves blood glucose and HbA1c levels in persons with diabetes, including data in substantial numbers of individuals over age 65. *The Role of Nutrition in Maintaining Health in the Nation's Elderly*, Institute of Medicine Report, 2000, National Academy Press.

Proposal Information

Goal

Nutrition and physical activity education interventions will be developed to assist clients in achieving control of their diabetes. The goal of the physical activity and nutrition education components are to enhance the quality of life and management of diabetes through regular physical exercise and improved nutritional intake.

Objective

The objective for this project is *to increase by 5% the number of ADS case management clients diagnosed with diabetes whose disease is under control*. The ADS Diabetes Registry Project has already implemented steps for developing and identifying clients with diabetes. By the end of 2000 we anticipate identifying up to 250 clients most appropriate for interventions, based primarily on motivation and interest. If this program is successful, the intervention may be expanded to all ADS case management clients with diabetes. Also, once the intervention materials are developed Area Agencies on Aging case management programs throughout the state of Washington could potentially benefit from this program.

Project Outcomes & Timelines

Milestones	Timelines
1. To identify and purchase consultation services from an exercise physiologist to assist with the development of exercise intervention and client consultation for diabetic clients who are chronically ill, homebound seniors and adults with disabilities.	March 31, 2001
2. To develop and produce culturally appropriate and supportive printed materials for diabetic clients that would help educate them about the importance of diabetes management, regular physical exercise, and good nutrition.	April 30, 2001
3. Develop and provide training for case management staff regarding physical activity and nutrition for diabetes management.	May 31, 2001
4. Implement educational interventions regarding physical activity and nutrition for proper diabetes management.	June 30, 2001
5. Evaluate the effectiveness of educational interventions.	December 31, 2001

Clients

The Diabetes Registry Project will serve individuals enrolled in the Case Management Program (CMP). The target intervention group will be CMP clients who have been diagnosed with diabetes, are not in control of their diabetes, and who would most benefit from the proposed intervention strategies. It is estimated that 36% of CMP clients have been diagnosed with diabetes. According to ADS client information system, the racial/ethnic profile of clients with diabetes is listed below:

**ADS Case Management Clients
Diagnosed with Diabetes
By Race/Ethnicity**

RACE/ETHNICITY	TOTAL	%
White	594	65%
African American	237	26%
American Indian	14	1.5%
Asian/Pacific Islander	30	3.2
Other Ethnicity	34	3.7%
None Selected	3	0.3%
TOTAL	912	100%

Source: June 2000, Case Management Program
Client Information System

Project Success

Success will be determined by achievement of good glucose control. Glycosylated hemoglobin values are being collected as part of the ADS Diabetes registry and will be updated every six months. Good glucose control has been defined for this project as glycosylated hemoglobin of less than 8 percent. Five percent of the intervention group achieving good control will be considered a success. However, it is expected that an additional percentage will have improved control measured by this value.

Evaluation

ADS has developed a diabetes registry which is a database system used to track the process of care and management of participants' diabetes. The ADS Diabetes Registry Project is a modified version of the Washington State's Diabetes Control Program, Diabetes Electronic Management System (DEMS). This system will contain information on enrolled participants and allow ADS to monitor and analyze intervention results on an ongoing basis. By December 31, 2003, an evaluation of the registry, and the outcome for those served on the project, will be completed.

Sources of Project Support

ADS will seek internal and external funding to sustain the Diabetes Registry Project. Potential resources may be solicited from the following organizations:

- Aging and Disability Services
- American Diabetes Association (Regional and National)
- Department of Health – Diabetes Control Program
- King County Health Action Plan
- The REACH (Racial and Ethnic Approaches to Community Health) Project (CDC federally funded Diabetes Registry Project)

Current resources are as follows:

Source	Cash	Inkind	Committed	Potential
Aging and Disability Services	\$12,000	X	X	
REACH Coalition - Public Health Seattle – King County	\$40,000 (under negotiation)			X
Healthy Eating for Healthy Aging		\$7,500 (Medical Nutrition Therapy Nutrition Direct Service) \$2,500 (Nutrition Consultations)	X	

Attachments

Attachment #1

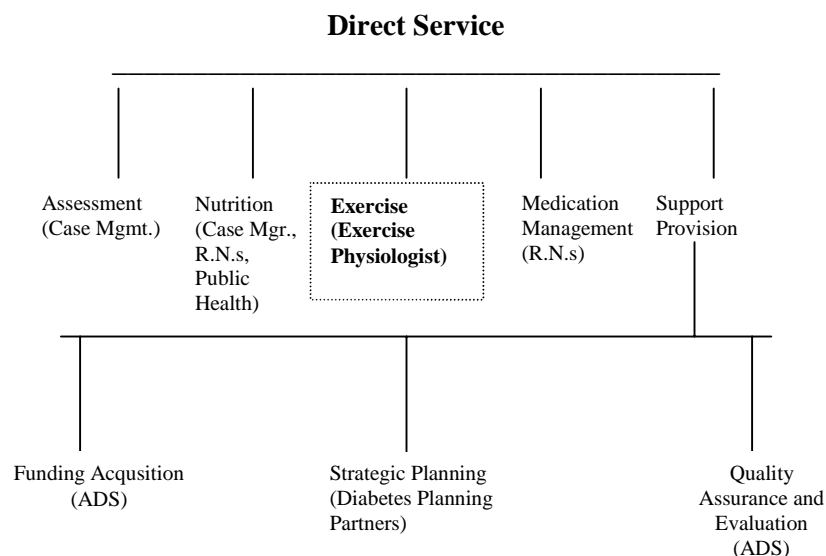
The ADS objective for the Diabetes Project is *to increase by 5% the number of case management clients diagnosed with diabetes whose disease is under control*. Data has been extracted from the Case Management Program database indicating that there are approximately 1,272 clients with diabetes.

ADS has developed a diabetes registry that will be used to track and follow-up with clients diagnosed with diabetes. Components of the registry will include the following:

- Name
- Identification Number
- Gender
- Race/Ethnicity
- Language (Needs interpreter)
- Date of Birth
- Address & Phone
- Primary Care Physician/Specialist
- PCP Phone and Fax
- Name of Insurance (Optional)
- Weight and Height
- BMI (from height and weight)
- Date/Year of Diagnosis
- Hx HGB-A1C (Value, date, normal range)
- Does client monitor blood glucose level?
- Current treatment plan for diabetes?
- Diet/Exercise?
- Medications (Insulin, oral, other)
- Blood Pressure (Date and Value)
- Eye/Foot Exams (Number of per quarter)
- Does client smoke?
- Dates of interventions, including referrals for medical nutrition therapy, physical exercise, and medication management.

The ADS Diabetes Registry is a modified version of the state's Diabetes Electronic Management System (DEMS), although is not located within a medical setting.

ADS Diabetes Registry Project



Attachment #2

List of Key Staff involved with the project and their qualifications

Key individuals and partners on the workgroup are as follows:

- ***Karen Winston***, Planning & Development Specialist (Project Lead)– Aging and Disability Services
- ***Carla Shaw-Beyer***, Epidemiologist, Diabetes Control Program – Washington State Department of Health.
- ***Ellen Bezona***, Supervisor - Seattle Case Management Program
- ***Mildred Dade***, Case Manager - Seattle Case Management Program
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Proposed Project Budget: A D S D iabetes Project

Aging and Disability Services

Time period: 6 months

Cost Category	Requested Funds	In-kind	Total
Exercise Physiologist			
200 H rs. @ \$31.25 per hour	\$6,250		\$6,250
Develop and print materials	\$2,500		\$2,500
Implement staff training			
25 H rs. for Nutrition		\$1,250	\$1,250
25 H rs. for Exercise	\$1,250		
Total Budget	\$10,000	\$1,250	\$10,000

Total requested amount is \$10,000. Exercise Physiologist consultation will consist of 200 hours at \$31.25 per hour to assist with the development of educational materials, staff training, and client consultation. In addition, ADS will develop, print, and purchase nutrition and exercise educational materials (such as brochures, videos, resistance bands, etc.) Provided as in-kind support from Public Health: Seattle & King County will be staff training on medical nutrition therapy.